

4. Over the past month, have you had these thoughts and had some intention of acting on them?

Response not required due to responses to other questions.

5. Over the past month, have you started to work out or worked out the details of how to kill yourself?

Response not required due to responses to other questions.

6. If yes, at any time in the past month did you intend to carry out this plan?

Response not required due to responses to other questions.

7. In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life (for example, collected pills, obtained a gun, gave away valuables, went to the roof but didn't jump)?

No

8. If YES, was this within the past 3 months?

Response not required due to responses to other questions.

Have you experienced thoughts about harming others in the last 12 months?

No

Do you have access to firearms or other weapons?

No

SUBSTANCE USE within the last 12 months?

Yes

Alcohol:

Reported has 1 glass of wine or beer, maybe nightly, social basis only; states takes drug test randomly for work, and therefore is cautious of alcohol intake.

MEASUREMENT BASED TOOLS

PHQ-9

A PHQ-9 screen was performed. The score was 19 which is suggestive of moderately severe depression.

1. Little interest or pleasure in doing things

Not at all

2. Feeling down, depressed, or hopeless

Nearly every day

3. Trouble falling or staying asleep, or sleeping too much

Nearly every day

4. Feeling tired or having little energy

More than half the days

5. Poor appetite or overeating

Not at all

6. Feeling bad about yourself or that you are a failure or have let yourself or your family down
Nearly every day

7. Trouble concentrating on things, such as reading the newspaper or watching television
Nearly every day

8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual
Nearly every day

9. Thoughts that you would be better off dead or of hurting yourself in some way
More than half the days

10. If you checked off any problems, how DIFFICULT have these problems made it for you to do your work, take care of things at home or get along with other people?
Extremely difficult

GAD-7

1. Feeling nervous, anxious or on edge
Nearly every day

2. Not being able to stop or control worrying
Nearly every day

3. Worrying too much about different things
Nearly every day

4. Trouble relaxing
Nearly every day

5. Being so restless that it is hard to sit still
Nearly every day

6. Becoming easily annoyed or irritable
Nearly every day

7. Feeling afraid as if something awful might happen
Not at all

NOTABLE MEDICAL UPDATES since last assessment was completed?

Yes

States has high blood pressure, has been prescribed medications to manage mood.

PSYCHOSOCIAL UPDATE

Relationship Status: Married

Current Housing: Stable

Finances: Stable

Employment: Stable

Describes relationship with spouse as "horrible," "made me intolerant of what I've tolerated." States has "good relationship with the kids...if spouse would

stay out of it." Identifies close network of friends, lot of supporters, and

stated is well liked. However, noted that due to false accusations, social media

has been detrimental. States that he enjoys golfing and enjoys going to Lake Tahoe, but lacks time to engage in leisure activities. Reported is heavily involved in swim community and family does not have day off.

Additional Info: Since you were last seen in Mental Health, have there been any other changes to your functioning or social circumstances that we should be aware of?

See above.

MENTAL STATUS EXAM

Appearance and Behavior: Veteran presented to appointment on time. Good eye contact. Casually dressed. Behavior congruent to situation. Appeared stated age.

Grooming and Hygiene: Good

Psychomotor Activity: Within normal limits

Demeanor: Cooperative, down, guarded

Speech: Normal in prosody, rate, and volume

Mood: anxious, some frustration

Affect: Full range, congruent with mood

Thought Process: Logical and linear

Thought content/Perceptual Disturbances: future focused, goal directed, No abnormal thought content; no evidence of obsessions, delusions, or paranoia/

Denied AVH; did not appear to be responding to internal stimuli

Cognition:

Orientation: Fully oriented

Memory: No issues reported or observed but not formally assessed

Attention: Within normal limits

Insight/Judgment: Good/good

VETERAN WAS PROVIDED WITH THE FOLLOWING CONTACT INFORMATION:

APPENDIX 530

Advised of clinic contact: Name/Phone Number: Eliza Rosburg, LCSW [REDACTED]
Provided contact and instructions Veterans Crisis Line: 1-800-273-8255, option # 1 at the prompt, or dial 988, option #1 at the prompt, or text to 838255.
Veteran aware of clinic hours, Access services for same day appt by phone or walkin, or visiting the nearest ED for a MH emergency. Veteran endorsed passive SI, but adamantly denied any bxs, plan or intent. Denies hx of SA/SIB. Denies HI. Does not appear to be an imminent risk to self or others. No acute distress.

Is at LOW acute/ chronic risk. Risk factors: gender, mood sx, legal problems, work and marital stress. Protective factors: responsibility as parent, help seeking, desire to improve, denied access to firearms. Collective high confidence in the ability of the Veteran to independently maintain safety. Remains appropriate for outpatient care.

DIAGNOSIS:

Depression d/o, unspecified
Anxiety d/o, unspecified

SUMMARY AND TREATMENT RECOMMENDATIONS:

Veteran is a 63y/o, Male, AF Veteran, who was referred by PCMHI as Veteran requesting to return to VA after receiving ind therapy by CC provider and felt not a good fit. Veteran with comp assessment completed in 2015 and documented diagnosis of MDD and GAD. Veteran today endorsing sx of anxiety and depression and significant workplace and related legal stressors. Veteran also endorsing passive SI, but adamantly denying any bxs, plan or intent. Denies access to weapons. Veteran requesting EBP therapy with VA and informed of wait times. Veteran declined med eval, groups, and Peer Support services. Stated that he does not wish to take any medications and is not open to attending groups or receiving other support services. Veteran and clinician reviewed all mental health treatment options: medication management for mood, EBP individual and group therapy, Peer Support, ARTS and/or other Specialty treatment. Consult placed for EBP ind therapy. Veteran offered bridge appt for additional support and accepted. RTC to be placed.

1. Provided empathy, active listening, unconditional positive regard and supportive counseling to Veteran.
2. Educated Veteran about available services in the General Mental Health Clinic including Access, individual therapy, group therapy, medication management and ARTS Programming.
3. Provided Access/Triage LCSW direct contact and contact information for the Veterans Crisis Line 988, #1 [REDACTED]
4. Veteran was familiarized with the BHIP model and EBPs to address treatment goals in 8-16 sessions. Veteran was offered individual therapy, which he accepted. Veteran was informed of the wait time at MCCL VA for a therapist and consult for community therapist was offered, which he declined. Veteran prefers to wait for a VA therapist. EBP consult to be placed.
5. Veteran offered med eval and declined.

6. Veteran offered group therapy and Peer Support services and declined.
7. Veteran was encouraged to contact this provider if he needs support in the interim and/or resources.

Clinical Reminders:

Depression Screening:

Perform PHQ-2

A PHQ-2 screen was performed. The score was 3 which is a positive screen for depression.

Over the past two weeks, how often have you been bothered by the following problems?

1. Little interest or pleasure in doing things
Not at all

2. Feeling down, depressed, or hopeless
Nearly every day

/es/ Eliza Yumiko Maile Rosburg, LCSW

Signed: 07/07/2023 10:29

Date/Time:	13 Jun 2023 @ 1540
Note Title:	PCMHI Care Management Note
Location:	No CA Healthcare Sys-Martinez
Signed By:	BRAKEL,MICHAEL JASON
Co-signed By:	BRAKEL,MICHAEL JASON
Date/Time Signed:	13 Jun 2023 @ 1542

Note

LOCAL TITLE: PCMHI Care Management Note
STANDARD TITLE: CARE MANAGEMENT NURSING NOTE
DATE OF NOTE: JUN 13, 2023@15:40:05 ENTRY DATE: JUN 13, 2023@15:40:05
AUTHOR: BRAKEL,MICHAEL JASO EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Reviewed by PCMHI RNCM:

Suicidal/Homicidal/Assaultive Ideation/Intent/Plan:

Yes, Veteran states only passive SI related to workplace stress but reports he does not have a plan or intent to hurt himself or others.

Name: ROSS, ROBERT ALLEN
[REDACTED]

Date of visit: 6/13/2023 3:37:00 PM

These assessments were sent to the Veteran via text/email and were completed by the Veteran on their own device.

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

The patient reported symptoms consistent with a major depressive episode.

Patient reported being bothered by the following over the last 2 weeks:

1. Little interest or pleasure: More than half the days
2. Feeling down, depressed or hopeless: Nearly every day
3. Trouble sleeping: Nearly every day
4. Tired, low energy: More than half the days
5. Poor appetite, over-eating: Nearly every day
6. Feelings of failure, guilt: Nearly every day
7. Trouble concentrating: Nearly every day
8. Motor retardation, agitation: Not at all
9. Thoughts better off dead/hurting self: Several Days

PHQ-9 total score = 20

1-4 = minimal symptoms

5-9 = mild symptoms

10-14 = moderate symptoms

15-19 = moderately severe symptoms

20-27 = severe depressive symptoms

The patient stated that the depressive symptoms made it extremely difficult to work, take care of things at home, or get along with others.

PHQ-9 Total Score (past 180 days):

06/13/2023 20

GENERAL ANXIETY DISORDER-7 (GAD-7)

Patient reported being bothered by the following over the last two weeks:

1. Feeling nervous, anxious or on edge: Nearly every day
2. Not being able to stop or control worrying: Nearly every day
3. Worrying too much about different things: Nearly every day
4. Trouble relaxing: Nearly every day
5. Feeling restless (hard to sit still): Not at all
6. Becoming easily annoyed or irritable: Nearly every day
7. Afraid as if something awful might happen: More than half the days

GAD-7 total score = 17

0-4 = minimal symptoms

5-9 = mild symptoms

10-14 = moderate symptoms 15-21 = severe symptoms

The patient stated that the anxiety symptoms made it very difficult to work, take care of things at home, or get along with others.

GAD-7 Total Score (past 180 days):

06/13/2023 17

/es/ Michael Jason Brakel, RN BSN

PCMHI RN Case Manager

Signed: 06/13/2023 15:42

Date/Time:	12 Jun 2023 @ 1319
Note Title:	PCMHI Primary Care Mental Health Consult
Location:	No CA Healthcare Sys-Martinez
Signed By:	BRAKEL,MICHAEL JASON
Co-signed By:	BRAKEL,MICHAEL JASON
Date/Time Signed:	12 Jun 2023 @ 1342

Note

LOCAL TITLE: PCMHI Primary Care Mental Health Consult

STANDARD TITLE: MENTAL HEALTH CONSULT

DATE OF NOTE: JUN 12, 2023@13:19 ENTRY DATE: JUN 12, 2023@13:19:47

AUTHOR: BRAKEL,MICHAEL JASO EXP COSIGNER:

URGENCY: STATUS: COMPLETED

*** PCMHI Primary Care Mental Health Consult Has ADDENDA ***

Primary Care Mental Health Integration (PC-MHI) Assessment

Patient Identification: Patient is a 63 year old, DECLINED TO ANSWER MALE.

Veteran is seen by PC-MHI as part of the Patient-Aligned Care Team (PACT).

DS - Disabilities

Eligibility: SC LESS THAN 50%

VERIFIED

Total S/C %: 30

LIMITED FLEXION OF KNEE

10%

S/C

KNEE CONDITION

10%

S/C

LIMITED FLEXION OF KNEE

10%

S/C

SCREENINGS/MEASURES:

PHQ-9:

MHAS - PHQ9 SCORE

Date

Instrument

Raw

Trans Scale

06/09/2022 11:39 PHQ9 20 PHQ9 GAD-7:

MHAS - MHA Score

No data available for: GAD-7

REFERRED BY: Dr. Dulai.

REASON FOR REFERRAL: Mood and Stress related to workplace stress.

VISIT DURATION (minutes): 16 minutes

Veteran's primary concern(s) (duration, frequency, intensity, triggering events, etc.):

Per brief interview with Veteran and review of chart back to 2015.

-Veteran currently in a lawsuit with his Airline's labor union (long-haul flight attendant). He was a former union steward who reported alleged wrongdoing.

-Veteran reports this is primary stress and records shows workplace stress in the past has affected personal relationships.

-Veteran reports his community care provider was not a good fit and is looking for a provider at either McClellan or Mather for therapy to continue.

FUNCTIONAL ASSESSMENT:

Sleep: Reports sleep is frequently off as he works 5 days on and has routes to Alaska, Europe, and Asia. Veteran reports he flies across multiple time zones and frequently works 12 hour days.

Work: See above. Also has pilot's license.

Close relationships: Wife and children (age 19 and 21).

Recreation: Hiking and golfing; however, Veteran reports he has been so busy with work that he has not done either for a while.

Physical Activity: See above.

Brief summary of past mental health treatment (e.g. therapy, medication, hospitalization, inpatient treatment, etc.):

Sertraline in the past but Veteran reports he has not taken and is not interested in medication at this time.

Substance use history:

ETOH: Occasional wine with meal, occasional one beer at single setting.

Marijuana/Illicit Drugs/Tobacco: Denies.

Caffeine: 2 cups of coffee before workday begins.

RISK ASSESSMENT:

Suicidal/Homicidal/Assaultive Ideation/Intent/Plan:

Yes, Veteran states only passive SI related to workplace stress but reports he does not have a plan or intent to hurt himself or others.

MENTAL STATUS EXAM:

Appearance: Unable to assess, telephone appointment.

Demeanor: Friendly, engaged, and goal-focused.

Mood: OK.

Affect: Euthymic.

Psychotic symptoms/Thought content: Denies/goal directed towards treatment.
Anxiety-related behavior.

Cognitive deficits/Memory Impairment: None reported/recent and remote intact per interview content.

Judgment/Insight: Good/Good.

DIAGNOSTIC IMPRESSIONS:

63-year-old male USAF Veteran with past history of MH treatment and recent community care provider. Veteran wishing to re-establish care with VA provider at either McClellan or Mather.

INTERVENTION:

Psychotherapy: See above.

Care Management: BHL screeners sent, safety screening complete, brief functional assessment done by records review and brief interview.

Handouts provided: Deferred. Provided with this writer's contact number.

Limits of confidentiality, risks, benefits, and side effects of psychiatric medications and/or therapy were discussed with the patient. The patient expressed understanding and the willingness to take medications and/or engage in treatment.

Veteran provided with Mental Health contact information and information for

accessing emergency services (Veterans Crisis Line, 988, VA or local hospital).

Veteran's questions and/or concerns were addressed.

FOLLOW-UP PLAN:

Return for PC-MHI follow-up: 2-4 weeks for consult follow-up.

Referral to other Mental Health services: GMH per request.

Referral to additional VA/Community services (e.g. Social Work, Vet Center):
Deferred.

Action Plan for Veteran: Veteran is working this week with Wednesday (Jun 14th being a good day for calls). Veteran to complete PHQ-9 and GAD-7 in next 24 hours.

/es/ Michael Jason Brakel, RN BSN
PCMHI RN Case Manager
Signed: 06/12/2023 13:42

06/22/2023 ADDENDUM STATUS: COMPLETED

Follow-up call on initial intake. Veteran states he has no current safety risk or concerns and is looking forward to 7/5 GMH intake appointment. This writer clarifies appointment date, time, provider, and structure. Veteran is thankful for this information.

Veteran will discuss with GMH team his work schedule and possibility of VVC vs Community Care options.

Veteran is welcomed to call this writer in the interim if any questions or care coordination arises. Veteran state no care coordination or follow-up is requested at this time.

/es/ Michael Jason Brakel, RN BSN
PCMHI RN Case Manager
Signed: 06/22/2023 13:00

Date/Time:	09 Jun 2023 @ 1155
Note Title:	PCMHI Primary Care Mental Health Telephone Note
Location:	No CA Healthcare Sys-Martinez
Signed By:	BRAKEL,MICHAEL JASON
Co-signed By:	BRAKEL,MICHAEL JASON
Date/Time Signed:	09 Jun 2023 @ 1159

Note

LOCAL TITLE: PCMHI Primary Care Mental Health Telephone Note

STANDARD TITLE: MENTAL HEALTH TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: JUN 09, 2023@11:55 ENTRY DATE: JUN 09, 2023@11:56:01

AUTHOR: BRAKEL,MICHAEL JASO EXP COSIGNER:

URGENCY: STATUS: COMPLETED

PRIMARY CARE MENTAL HEALTH INTEGRATION (PCMHI) TELEPHONE NOTE

ROSS, ROBERT ALLEN is a 63-year-old MALE referred by DULAI, KAMALPREET regarding symptoms of workplace stress and request for accommodations letter.

Call initiated by: Other: PCMHI RNCM.

Length of call: 1 minute.

Reason for call: Scheduling.

Summary of Call: Left HIPAA-compliant voice message requesting return call for scheduling.

RISK ASSESSMENT:

Suicidal/Homicidal/Assaultive Ideation/Intent/Plan: Unable to assess.

Clinical Impression: Unable to assess.

Plan: Attempt follow-up call in 1-3 business days.

Veteran provided with Mental Health contact information and information for accessing emergency services (Veterans Crisis Line, 988, VA or local hospital).

Veteran's questions and/or concerns were addressed.

/es/ Michael Jason Brakel, RN BSN

PCMHI RN Case Manager

Signed: 06/09/2023 11:59

Date/Time: 08 Jun 2023 @ 1421**Note Title:** Primary Care Telephone Note**Location:** No CA Healthcare Sys-Martinez**Signed By:** DULAI,KAMALPREET**Co-signed By:** DULAI,KAMALPREET**Date/Time Signed:** 08 Jun 2023 @ 1425**Note**

LOCAL TITLE: Primary Care Telephone Note

STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: JUN 08, 2023@14:21 ENTRY DATE: JUN 08, 2023@14:21:09

AUTHOR: DULAI,KAMALPREET EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Called patient for telephone appointment today. Patient states he is in need of

a letter discussing the negative impact work has had on his psychological status, physical status such as blood pressure, and marital status. He has a lawsuit against his union at work. He used to be the union president and false accusations were made about him at that time. Since then he has had a very hostile environment at work, which has really affected his personal life. He was seeing a psychologist through community care, however did not really connect

with her. He would like to continue to see mental health.

I have discussed with patient that it is best that mental health evaluate the patient, and he go through therapy with them. It would also be best to have the

letter written by a therapist who is evaluating and treating the patient for this issue. Patient agrees, I will place another PCHMI referral.

Telephone appointment 8 minutes

/es/ Kamalpreet Dulai, MD

Physician, Primary Care

Signed: 06/08/2023 14:25

Date/Time:	03 May 2023 @ 1041
Note Title:	Patient Scheduling Attempt Letter
Location:	No CA Healthcare Sys-Martinez
Signed By:	GARCIA,CORRIE C
Co-signed By:	GARCIA,CORRIE C
Date/Time Signed:	03 May 2023 @ 1043

Note

LOCAL TITLE: Patient Scheduling Attempt Letter

STANDARD TITLE: LETTERS

DATE OF NOTE: MAY 03, 2023@10:41 ENTRY DATE: MAY 03, 2023@10:42:05

AUTHOR: GARCIA,CORRIE C EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Department of Veterans

Affairs

VA Northern California Health Care System

(VANCHCS)

MAY 03, 2023

ROBERT ALLEN ROSS

[REDACTED]

Dear Mr. ROSS:

Your provider referred you to the Cognitive Behavioral Therapy for Insomnia Group (CBT-I Group). This is a non-medication, evidence-based treatment for chronic insomnia, currently offered on Webex video conferencing. Due to the high volume of referrals and long wait-time to start the CBT-I Group, we are now offering a onetime sleep education class ("Pillow Talk"), to help schedule veterans sooner.

At the virtual Pillow Talk class, you will learn about behavioral strategies you can use to improve your sleep, including methods for treating insomnia (including CBT-I). If you would like to continue on and attend the CBT-I Group, the Pillow Talk facilitator can have you scheduled in the next available CBT-I Group start date.

If you are interested in scheduling an appointment to attend the Pillow Talk sleep education class, please call 916-843-2972 to schedule an appointment to attend the next available Pillow Talk class.

If you have not contacted us within 14 days of the letter, the appointment request will be cancelled and returned to the requesting provider, requiring you to contact the provider to re-submit the consult/appointment request.

We look forward to working with you to improve your health.

Primary Care - Mental Health Integration Clinic
Northern California Health Care System
Department of Veterans Affairs
10535 Hospital Way
Mather, CA 95655-4200

****TIME SENSITIVE PLEASE RESPOND****

****THIS IS NOT AN APPOINTMENT****

Date/Time:	20 Apr 2023 @ 1114
Note Title:	Reusable Medical Equipment Note
Location:	No CA Healthcare Sys-Martinez
Signed By:	ROSENFELD,ADRIENNE DENISE
Co-signed By:	ROSENFELD,ADRIENNE DENISE
Date/Time Signed:	20 Apr 2023 @ 1115

Note

APPENDIX 540

LOCAL TITLE: Reusable Medical Equipment Note

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: APR 20, 2023@11:14 ENTRY DATE: APR 20, 2023@11:14:37

AUTHOR: ROSENFELD,ADRIENNE EXP COSIGNER:

URGENCY: STATUS: COMPLETED

REUSEABLE MEDICAL EQUIPEMT TRACKING:

A procedure was done using an endoscope with the following serial number

[SCOPE 1]:

Serial#: 800957

/es/ Adrienne Denise Rosenfeld

LVN, Surgery Spec Clinic/ENT, SAC

Signed: 04/20/2023 11:15

Date/Time:	20 Apr 2023 @ 1044
Note Title:	ENT Consult 15018
Location:	No CA Healthcare Sys-Martinez
Signed By:	FULLER,SCOTT
Co-signed By:	FULLER,SCOTT
Date/Time Signed:	20 Apr 2023 @ 1454

Note

LOCAL TITLE: ENT Consult 15018

STANDARD TITLE: OTOLARYNGOLOGY CONSULT

DATE OF NOTE: APR 20, 2023@10:44 ENTRY DATE: APR 20, 2023@10:44:10

AUTHOR: FULLER,SCOTT EXP COSIGNER:

URGENCY: STATUS: COMPLETED

ROSS,ROBERT ALLEN
[REDACTED]

I.D.: 63MALE

Referral: "mild osa, nasal obstruction - declines cpap; pls eval and tx"

Chief Complaint: "My nose is plugged"

PAST MEDICAL HISTORY/ PROBLEM LIST:

Computerized Problem List is the source for the following:

1. Cough 09/30/20

BUCAYCAY,ELEANO

2. Knee pain 08/26/20

BUCAYCAY,ELEANO

3. Depressive episode 08/31/22
ESPINOSA, SONJA
4. General Anxiety 08/31/15 WEBER, DIANE
ELL
5. Varicose veins of lower extremity (SNOMED CT 08/04/14
TAYLOR, JEFFERY
72866009)
6. Impaired Fasting Glucose (ICD-9-CM 790.21) 04/24/13
DOCTOR, FEDERICO
7. GERD * (ICD-9-CM 530.81) 04/24/13
DOCTOR, FEDERICO
8. DJD, Knee/Lower Leg 03/04/13
TAYLOR, JEFFERY
9. CMP INT ORT DEV/GFT NOS 03/04/13
TAYLOR, JEFFERY
10. Low Back Pain * (ICD-9-CM 724.2) 08/09/12
DOCTOR, FEDERICO
11. Hearing loss * (ICD-9-CM 389.9) 05/24/10
DOCTOR, FEDERICO
12. Hyperlipidemia 06/30/08 WOO, JOSEPH C
13. Pain in joint involving lower leg (ICD-9-CM 06/27/08 WOO, JOSEPH C
719.46)
14. Tear of lateral cartilage or meniscus of knee, 06/27/08 WOO, JOSEPH C
current (ICD-9-CM 836.1)

MEDICATIONS:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	
1) ATORVASTATIN CALCIUM 40MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR CHOLESTEROL (DO NOT TAKE WITH GRAPEFRUIT JUICE.)	ACTIVE
2) DICLOFENAC NA 1% TOP GEL APPLY 2 GRAMS TOPICALLY FOUR TIMES A DAY USE DOSING CARD PROVIDED TO MEASURE DOSE. DON'T EXCEED 16 GRAMS DAILY TO A JOINT OF THE LOWER BODY. DON'T EXCEED 8 GRAMS DAILY TO A JOINT OF THE UPPER BODY. DON'T EXCEED A TOTAL DOSE OF 32 GRAMS PER DAY. FOR PAIN AND INFLAMMATION	ACTIVE
3) FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 2 SPRAYS IN EACH NOSTRIL ONCE DAILY FOR ALLERGIC RHINITIS	ACTIVE
4) LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGIC RHINITIS	ACTIVE
5) SERTRALINE HCL 50MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR 7 DAYS, THEN TAKE ONE TABLET ONCE DAILY FOR ANXIETY	ACTIVE
6) TAMSULOSIN HCL 0.4MG CAP TAKE ONE CAPSULE BY MOUTH ONCE DAILY FOR PROSTATE - 30 MINUTES AFTER THE SAME MEAL EACH DAY	ACTIVE

Active Non-VA Medications

Status

1) Non-VA CYANOCOBALAMIN TAB MOUTH

ACTIVE

7 Total Medications

ALLERGIES:

ERYTHROMYCIN, VICODIN, DARVOCET-N

HABITS:

Smoking: Denies

Alcohol: Occasional

Other: Denies

FAMILY HISTORY:

- Noncontributory

PAST HEAD & NECK SURGICAL HISTORY:

- Septoplasty and turbinate reduction

- FESS

HISTORY OF PRESENT ILLNESS:

This veteran outlines a moderate OSA with an AHI of 17 at 3% criteria. Mild at 4% criteria. Not using CPAP secondary to frequent air travel as part of his occupation. Notes that he is rarely home more than 5 days per month. He endorses non-supine sleep to avoid exacerbating snoring and obstruction. His main concern is bilateral nasal obstruction despite steroidal and non-steroidal nasal spray. He does endorse improvement in nasal airflow today with administration of oxymetazoline. He specifically denies any history of polyps, epistaxis, or recent nasal trauma. He previously had nasal surgery (15 years ago) but symptoms of obstruction have worsened over time. He indicates that this is worse when supine and affects his ability to wear an oral appliance for bruxism. He has been referred to discuss the prospect of surgical management of his nasal airway and potentially surgical management of his OSA.

SLEEP STUDY DATA:

AHI: 17 RDI: SaO2 Nadir: Arrhythmia: none

Other: nil

RESTLESS LEGS SYMPTOMS: none

Additional head and neck review of systems is as follows:

Eyes: No diplopia, vision changes, pain, or epiphora.

Ears: No otalgia, otorrhea, hearing loss, tinnitus, or vertigo.

Nose: No epistaxis, nasal obstruction, change in nasal appearance, change in sense of taste or smell.

Oral cavity: No loose teeth, ill fitting dental appliances, non healing masses ulcers or lesions, sensitivity to acidic or spicy foods, pain, bleeding, numbness, or difficulty with articulation. No trismus

Oropharynx/ Hypopharynx: No odynophagia, dysphagia, foreign body sensation, or hemoptysis.

Larynx: No dysphonia, odynophonia, dyspnea, cough, or stridor

Neck: No neck masses or point tenderness

Integument: No suspicious masses or lesions, erythema, draining wounds on skin of face, scalp, or neck.

Neurological: Denies facial numbness or weakness. No shoulder or tongue weakness.

Salivary: No purulent/gritty/ foul tasting drainage from salivary ducts.

Endocrine: No heat or cold intolerance.

Constitutional: No fevers, chills, or unintentional weight loss

O/E:

25.7

VITALS: 04/20/2023 10:22 BP:137/87 HR:67 Wt:168.7 lb [76.52 k

General:

Alert, awake, and appropriate. No apparent distress or discomfort.

Decent historian

Skin:

No suspicious masses, ulceration, or lesions on skin of face, scalp,

or

neck.

Eyes:

PERLA, no epiphora, EOM intact, no scleral injection, or diplopia on testing

Ears:

Rt TM : N

Lt TM : N

External Auditory Canals : N

Nose:

Septum : Post surgical. Midline. No perforation.

Turbinates : 2+

Nasal valve collapse: Present

No polyps, masses, lesions, or telengectasia seen

Oral Cavity :

Teeth : Class I; narrow arch

Floor of Mouth : No lesions or tenderness to palpation, normal papillae

Tongue : No lesions seen or palpated, range of motion normal

Palate : No lesions seen

Buccal Mucosa : No lesions seen

Lips : No lesions seen

Interincisural distance: WNL

Oropharynx :

Tonsils : 1+

Mallampati position: 2

Soft palate: Moderate posterior pillar webbing

Uvula: No elongation

Posterior pharyngeal wall : N

Bimanual palpation of tongue base: N

Neck :

No palpable masses or adenopathy

Thyroid not palpable

Neurological:

Cranial nerves II- XII intact; nonfocal

FLEXIBLE FIBEROPTIC VIDEO LARYNGOSCOPY:

- Performed following verbal consent & adequate nasal topical anesthesia

and

decongestion with 2% lidocaine and phenylephrine.

Nose and Nasopharynx : Post surgical septum, 2+ turbinates. No polyps or masses

IMAGING:

- none

IMPRESSION:

- Moderate OSA

- Nasal obstruction with history of nasal surgery

MEDICAL DECISION MAKING:

Following discussion, the patient understands that evaluation by rhinology

would be most appropriate given his primary complaint. IF our rhinologist is able to address complaints of obstruction (surgically or nonsurgically), then patient may be able to engage in oral appliance therapy. Can also

consider surgical management of OSA via phase I approach or HGNS if amenable to this, however not primary objective of patient at this point.

Thank you for referring this very interesting and pleasant veteran to our clinic. I will keep you abreast of any additional diagnoses/ treatments that are rendered on their behalf.

Approximately 40 minutes was spent discussing the patients diagnosis, treatment plan, and coordination of care.

/es/ Scott C. Fuller, M.D., M.S., FACS
Chief of Surgery- Northern California HCS
Signed: 04/20/2023 14:54

Receipt Acknowledged By:
04/28/2023 09:53 /es/ Toby O. Steele, MD
Staff Otolaryngologist

Date/Time:	30 Jan 2023 @ 1050
Note Title:	Orthopedic 14333
Location:	No CA Healthcare Sys-Martinez
Signed By:	ANDERSON,BRETT CARL
Co-signed By:	ANDERSON,BRETT CARL
Date/Time Signed:	30 Jan 2023 @ 1056

Note

LOCAL TITLE: Orthopedic 14333
STANDARD TITLE: ORTHOPEDIC SURGERY NOTE
DATE OF NOTE: JAN 30, 2023@10:50 ENTRY DATE: JAN 30, 2023@10:50:42
AUTHOR: ANDERSON,BRETT CARL EXP COSIGNER:
URGENCY: STATUS: COMPLETED

CHIEF COMPLAINT: "I have pain in my left knee."

HISTORY OF PRESENT ILLNESS: the patient is a 63-year-old male here for follow-up of his left knee. He continues to have pain on the medial joint line that has significantly worsened since his last visit. He had to take a week and a half off of work because of pain and swelling in the knee. He has having a hard time pushing the heavy carts and equipment on the airlines. He has just been changed to an international flight rotation out of Dallas and is afraid this is going to give him more difficulty. He has an unloader brace from several years ago but he cannot use it at work. He has not been wearing the

brace otherwise.

OBJECTIVE: PHYSICAL EXAMINATION

GENERAL PRESENTATION: normal development, no acute distress NEUROLOGIC: grossly intact bilateral sensation and muscle motor exam VASCULAR: warm extremities LYMPHATIC: no edema

GENERAL ORTHOPEDIC

Left knee: Positive medial joint line tenderness, range of motion 0 to 110 degrees, retropatellar crepitus, positive McMurray, antalgic gait with slight varus alignment, no lateral joint line tenderness

Left knee x-rays from 1/27/2022 are reviewed which show moderate medial joint space narrowing.

Left knee MRI from 2/26/2022 was also reviewed which shows a complex tear of the posterior horn of the medial meniscus with a very thin rim of meniscal tissue, moderate chondral thinning in the medial compartment with good preservation of the lateral compartment

ASSESSMENT: Left knee medial meniscal tear with mild to moderate osteoarthritis of the medial compartment

PLAN: We had a long discussion again regarding his options to include injections versus unloader bracing versus arthroscopy versus unicompartmental arthroplasty versus total knee arthroplasty. I think he has enough mechanical symptoms that an arthroscopy is still an option despite his arthritic changes. He wants to see how he does over the next month with this new workload and see if his symptoms can be tolerable. He would like to avoid surgery if possible. He will continue with Tylenol in the meantime. He will let us know how the knee is doing with his increased workload. He understands my concerns about an arthroscopy with his osteoarthritis and that we could tip him over the edge to the arthroplasty options if his arthritic symptoms are the dominant finding.

//signed//

Brett C. Anderson, MD
Orthopaedic Surgery - Sports Medicine
Fellow - AAOS

BCA/dns voice recognition technology and software, please excuse minor grammatical/typographical errors.

/es/ Brett C Anderson, MD
Orthopaedic Surgeon - Sports Medicine
Signed: 01/30/2023 10:56

Note Title:	Letter to Patient
Location:	No CA Healthcare Sys-Martinez
Signed By:	CIFFONE,GRANT MICHAEL
Co-signed By:	CIFFONE,GRANT MICHAEL
Date/Time Signed:	26 Jan 2023 @ 0729

Note

LOCAL TITLE: Letter to Patient

STANDARD TITLE: LETTERS

DATE OF NOTE: JAN 26, 2023@07:24 ENTRY DATE: JAN 26, 2023@07:24:39

AUTHOR: CIFFONE,GRANT MICHA EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care System

(VANCHCS)

CLINIC ADDRESS:

5342 Dudley Blvd., McClellan, CA 95652

JAN 26, 2023

ROBERT ALLEN ROSS
[REDACTED]

To whom it may concern,

Robert Ross had a scheduled had a scheduled radiology visit on 1/19/23.

Robert also has a future appointment with an orthopedic surgeon on 1/30/23.

If there are any questions about the necessity of these appointments feel free to contact our office at 916-561-7400.

Respectfully,
Kamalpreet Dulai, MD

(RNCM will give types letter to MD for signature)

Sincerely,

/es/ Grant Michael Ciffone, RN BSN
PACT RN Care Manager

Patient Record Number 7366310

Date/Time:	24 Jan 2023 @ 2041
Note Title:	Primary Care Secure Messaging
Location:	No CA Healthcare Sys-Martinez
Signed By:	DULAI,KAMALPREET
Co-signed By:	DULAI,KAMALPREET
Date/Time Signed:	24 Jan 2023 @ 1741

Note

LOCAL TITLE: Primary Care Secure Messaging
STANDARD TITLE: PRIMARY CARE SECURE MESSAGING
DATE OF NOTE: JAN 24, 2023@20:41 ENTRY DATE: JAN 24, 2023@17:41:50
AUTHOR: DULAI,KAMALPREET EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** Primary Care Secure Messaging Has ADDENDA ***

-----Original Message-----

Sent: 01/24/2023 05:43 PM ET
From: ROSS, ROBERT ALLEN
To: **Dulai, K (Primary Care) - McClellan
Subject: General:General Inquiry
Attachments: Block FMLA Jan 13-31 Request Office Visit Date.pdf (193.21 KB),
RossR_VA Absence Jan 13-31 2023.pdf (90.79 KB)

Thank you for the medication refills. I cannot thank you enough for your time spend with my case. UGH, however American Airlines is complicating this FMLA process and only feeding me minimal instruction at a time.

Now they are requesting a medical visit date within (7) days of the start of my absence from work Jan 13-31. (See Attached Letter from AA Absence and Return department). Since they are requesting dates only and not diagnosis, and I have been unable to schedule my Ortho appointment before Jan. 30th at 10:30am, can I get a letter simply stating I had a Radiology visit on 01/19/23 and a Orthopedic Surgeon appointment following on 01/30/23. That would be sufficient to comply with their (7) day rule for Block FMLA and clear me through the 31st.

I wish I could say being off my flying schedule so far is making my knee less painful, but so far that is not the case.

Again Thank you for your help and understanding.

Robert Ross/5153

/es/ Kamalpreet Dulai, MD

Physician, Primary Care

Signed: 01/24/2023 17:41

01/24/2023 ADDENDUM STATUS: COMPLETED

RNCM, can you please complete letter stating pt had a Radiology visit on

01/19/23 and has an Orthopedic Surgeon appointment following on 01/30/23.

I will sign after completed, thanks.

/es/ Kamalpreet Dulai, MD

Physician, Primary Care

Signed: 01/24/2023 17:44

Receipt Acknowledged By:

01/26/2023 11:45 /es/ Grant Michael Ciffone, RN BSN

PACT RN Care Manager

01/26/2023 ADDENDUM STATUS: COMPLETED

RNCM sent a secure message with the requested letter to the pt. Pt confirmed

recipt.

/es/ Grant Michael Ciffone, RN BSN

PACT RN Care Manager

Signed: 01/26/2023 11:46

Date/Time: 23 Jan 2023 @ 1140

Note Title: Primary Care Secure Messaging

Location: No CA Healthcare Sys-Martinez

Signed By: DULAI,KAMALPREET

Co-signed By: DULAI,KAMALPREET

Date/Time Signed: 23 Jan 2023 @ 0840

Note

LOCAL TITLE: Primary Care Secure Messaging

STANDARD TITLE: PRIMARY CARE SECURE MESSAGING

DATE OF NOTE: JAN 23, 2023@11:40 ENTRY DATE: JAN 23, 2023@08:40:26

AUTHOR: DULAI,KAMALPREET EXP COSIGNER:

URGENCY: STATUS: COMPLETED

-----Original Message-----

Sent: 01/23/2023 11:39 AM ET
 From: DULAI, KAMALPREET
 To: ROSS, ROBERT ALLEN
 Subject: General:General Inquiry

Hi Mr. Ross,

Are you taking your Atorvastatin (cholesterol med)? Your cholesterol is still high, if you are taking it, then I need to increase the dose, please let me know.

Your B12 is also low, I will mail out increased dose of B12 supplement.

Your blood sugars are a little better, still in the preDiabetes range.

Dr. Dulai

/es/ Kamalpreet Dulai, MD
 Physician, Primary Care
 Signed: 01/23/2023 08:40

Date/Time:	19 Jan 2023 @ 1545
Note Title:	MH Cancellation Note
Location:	No CA Healthcare Sys-Martinez
Signed By:	SHARMA,RITA
Co-signed By:	SHARMA,RITA
Date/Time Signed:	19 Jan 2023 @ 1612

Note

LOCAL TITLE: MH Cancellation Note
 STANDARD TITLE: ADMINISTRATIVE NOTE
 DATE OF NOTE: JAN 19, 2023@15:45 ENTRY DATE: JAN 19, 2023@15:56:05
 AUTHOR: SHARMA,RITA EXP COSIGNER: DAHMEN,BRIAN
 URGENCY: STATUS: COMPLETED

Veteran called MSA during the class. He was unable to find the email with the WebEx link for the class. Writer called him back. He was able to find the email and writer walked him through how to join the class next month. Offered to email

him a few more resources for him to use until next month's class (path to better sleep, CBTi phone app and diaphragmatic breathing).

All elements of this psychological evaluation including the clinical interview and plan for service, were planned and reviewed during a one-to-one meeting, in person/VVC/telephone, with supervising clinician, Brian Dahmen, PhD. We meet weekly for at least one hour of supervision.

/es/ Rita Sharma PsyD, MSW

Psychologist

Signed: 01/19/2023 16:12

/es/ Brian Dahmen, PhD

Clinical Psychologist

Cosigned: 01/20/2023 09:21

Date/Time: 13 Jan 2023 @ 1230**Note Title:** TCP Telephone Care Staff Short Note Only**Location:** No CA Healthcare Sys-Martinez**Signed By:** REYNA, ROSA GUADALUPE**Co-signed By:** REYNA, ROSA GUADALUPE**Date/Time Signed:** 13 Jan 2023 @ 1231**Note**

LOCAL TITLE: TCP Telephone Care Staff Short Note Only

STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: JAN 13, 2023@12:30 ENTRY DATE: JAN 13, 2023@12:30:28

AUTHOR: REYNA, ROSA GUADALUP EXP COSIGNER:

URGENCY: STATUS: COMPLETED

*** TCP Telephone Care Staff Short Note Only Has ADDENDA ***

PT WANTS TO KNOW IF PACT WAS ABLE TO COMPLETE HIS EMPLOYMENT WORK RELEASE,
PLEASE ADVISE THANKS.

/es/ ROSA GUADALUPE REYNA

MSA

Signed: 01/13/2023 12:31

Receipt Acknowledged By:

01/13/2023 12:50 /es/ Shearon Jones, RN

Nursing Service, Case Manager, Primary Care

01/13/2023 12:39 /es/ Kamalpreet Dulai, MD

Physician, Primary Care

01/13/2023 ADDENDUM STATUS: COMPLETED

RNCM, this was completed yesterday, did you send to him?

/es/ Kamalpreet Dulai, MD

Physician, Primary Care

Signed: 01/13/2023 12:40

Receipt Acknowledged By:

01/13/2023 14:07 /es/ Shearon Jones, RN

Nursing Service, Case Manager, Primary Care

01/13/2023 ADDENDUM STATUS: COMPLETED

pt returned your call

/es/ Carolyn Inez Christanio
MSA, Call Center McClellan
Signed: 01/13/2023 12:58

Receipt Acknowledged By:
01/13/2023 15:52 /es/ Shearon Jones, RN
Nursing Service, Case Manager, Primary Care

Date/Time:	12 Jan 2023 @ 1228
Note Title:	TCP Telephone Care Staff Short Note Only
Location:	No CA Healthcare Sys-Martinez
Signed By:	KELLOUGH,NATALEE NICCOLE
Co-signed By:	KELLOUGH,NATALEE NICCOLE
Date/Time Signed:	12 Jan 2023 @ 1229

Note

LOCAL TITLE: TCP Telephone Care Staff Short Note Only
STANDARD TITLE: NURSING TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: JAN 12, 2023@12:28 ENTRY DATE: JAN 12, 2023@12:28:33
AUTHOR: KELLOUGH,NATALEE NI EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Patient called requesting for a call back from CM in regards to his work letter.

He can be reached at [REDACTED]

/es/ NATALEE NICCOLE KELLOUGH
Martinez Call Center MSA
Signed: 01/12/2023 12:29

Receipt Acknowledged By:
01/12/2023 13:06 /es/ Shearon Jones, RN
Nursing Service, Case Manager, Primary Care

Date/Time:	10 Jan 2023 @ 1236
Note Title:	Primary Care Telephone Note
Location:	No CA Healthcare Sys-Martinez
Signed By:	DULAI,KAMALPREET
Co-signed By:	DULAI,KAMALPREET
Date/Time Signed:	10 Jan 2023 @ 1238

Note

LOCAL TITLE: Primary Care Telephone Note

STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: JAN 10, 2023@12:36 ENTRY DATE: JAN 10, 2023@12:36:09

AUTHOR: DULAI,KAMALPREET EXP COSIGNER:

URGENCY: STATUS: COMPLETED

*** Primary Care Telephone Note Has ADDENDA ***

L knee worsening, needs to see ortho again to schedule surgery now. Needs work note to stay off L knee from 1/6-1/30 due to mod/severe osteoarthritis causing pain, and swelling. He will call ortho to schedule appt now. Does not need referral as seen <1 year ago for same issue, he agrees.

A/p:

1. L knee pain s/p 3 surgeries, pain is now worsening, pt is SC for this.

-saw ortho 4/2022, will make appt now for possible arthroscopy again

-NSAID PRN, use sparingly to avoid HTN

-diclofenac gel PRN

-FMLA paperwork done 9/2022, will also do work note to stay off knee from 1/16-1/30.

telephone time 5 min

/es/ Kamalpreet Dulai, MD

Physician, Primary Care

Signed: 01/10/2023 12:38

01/10/2023 ADDENDUM STATUS: COMPLETED

RNCM, can you please write letter for pt to stay off L knee from 1/16-1/30 due to worsening OA. He can pickup when done, thanks.

/es/ Kamalpreet Dulai, MD

Physician, Primary Care

Signed: 01/10/2023 12:39

Receipt Acknowledged By:

01/11/2023 12:57 /es/ Shearon Jones, RN

Nursing Service, Case Manager, Primary Care

Date/Time:	05 Jan 2023 @ 1021
Note Title:	Radiology Administrative Note
Location:	No CA Healthcare Sys-Martinez
Signed By:	CALDWELL,ALLISON CHERISE
Co-signed By:	CALDWELL,ALLISON CHERISE
Date/Time Signed:	05 Jan 2023 @ 1021
Note	

LOCAL TITLE: Radiology Administrative Note

STANDARD TITLE: RADIOLOGY ADMINISTRATIVE NOTE

DATE OF NOTE: JAN 05, 2023@10:21 ENTRY DATE: JAN 05, 2023@10:21:40

AUTHOR: CALDWELL,ALLISON CH EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Department Of Veterans

Affairs

VA Northern California Health Care System

(VANCHCS)

RADIOLOGY SCHEDULING NO CONTACT LETTER

JAN 05, 2023

ROBERT ALLEN ROSS
[REDACTED]

DEAR MR. ROBERT ALLEN ROSS

We are attempting to schedule you for an imaging test ordered by your provider. We have attempted to contact you at the phone number listed in our database and have been unsuccessful. Please contact us within 14 days of date this letter to schedule your appointment for: CT SCAN

You can reach us at:

916-364-3170 - CT, Mather

We look forward to assisting you in scheduling your imaging test.

Sincerely,

/es/ ALLISON CHERISE CALDWELL

Patient Record Number 7366310

Date/Time:	05 Jan 2023 @ 1020
Note Title:	Radiology Note
Location:	No CA Healthcare Sys-Martinez
Signed By:	CALDWELL,ALLISON CHERISE
Co-signed By:	CALDWELL,ALLISON CHERISE

Date/Time Signed: 05 Jan 2023 @ 1021**Note**

LOCAL TITLE: Radiology Note
 STANDARD TITLE: RADIOLOGY NOTE
 DATE OF NOTE: JAN 05, 2023@10:20 ENTRY DATE: JAN 05, 2023@10:20:56
 AUTHOR: CALDWELL,ALLISON CH EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

RADIOLOGY APPOINTMENT TRACKING NOTE

Attempted to schedule the patient:

1st call

CT Scan

Date Desired: Jan 7,2023

Enter type of CT exam: Chest

IV Contrast:

Without contrast

"No Contact" letter sent stating patient needs to call to schedule an imaging test.

Comments:

/es/ ALLISON CHERISE CALDWELL

Signed: 01/05/2023 10:21

Date/Time: 03 Jan 2023 @ 0751**Note Title:** Sleep Clinic Telephone Note**Location:** No CA Healthcare Sys-Martinez**Signed By:** BUCKLEY,THERESA M**Co-signed By:** BUCKLEY,THERESA M**Date/Time Signed:** 03 Jan 2023 @ 1602**Note**

LOCAL TITLE: Sleep Clinic Telephone Note
 STANDARD TITLE: NEUROLOGY TELEPHONE ENCOUNTER NOTE
 DATE OF NOTE: JAN 03, 2023@07:51 ENTRY DATE: JAN 03, 2023@07:51:46
 AUTHOR: BUCKLEY,THERESA M EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

VISIT CONDUCTED VIA PHONE DUE TO COVID-19

SLEEP MEDICINE CONSULT

Reason for consult: OSA, not interested in cpap per crh note

Clinical History and sleep study specifics, if applicable:
snoring, insomnia, fatigue

History of Presenting Illness: This is a 63 year old MALE with BMI: 25.1 referred with the following chief complaint:

Snoring, frequent awakenings. Wife sleeps separate room. Works for airline and

hotel. Flight crew member. Late hours.

Lots of stress. Thinks this is contributing to trouble. Waiting to establish with new mental health.

History of achy legs during day and support socks helped. Not at night. Not aware of kicking legs at night.

Nightmares.

Patient otherwise does not report additional symptoms of parasomnia, restless legs, narcolepsy.

General sleep behaviors:

Works 15 days away (time zone changes to Midwest and East Coast). 2 days on and variable time off. Flight attendant.

Sleep Hygiene:

On days off:

Goes to bed at MN and wakes up at 7 AM.

Wife to bed at 9 pm.

It usually takes 15 minutes to fall asleep

The patient usually wakes up 10 times at night. Spont and try to turn his mind off. Says increased stressed.

In bed the patient does not watches tv, read, use cellphone/laptop. May look at phone.

Does East coast and Midwest currently. Says upcoming mandatory commute to Dallas then international and stress with union. Now, increased stress over work.

Caffeine consumption: 3 c. in am

The patient has used or uses sleep medications: occ melatonin

The patient does not take Daytime naps - no naps

ROS:

Chronic or frequent nasal congestion? yes, takes astepro but still difficult

PMH:

Computerized Problem List is the source for the following:

1. Cough 09/30/20 BUCAYCAY,ELEANO
2. Knee pain 08/26/20 BUCAYCAY,ELEANO
3. Depressive episode 08/31/22 ESPINOSA,SONJA
4. General Anxiety 08/31/15 WEBER,DIANE ELL
5. Varicose veins of lower extremity (SNOMED CT 72866009) 08/04/14 TAYLOR,JEFFERY
6. Impaired Fasting Glucose (ICD-9-CM 790.21) 04/24/13 DOCTOR,FEDERICO
7. GERD * (ICD-9-CM 530.81) 04/24/13 DOCTOR,FEDERICO
8. DJD, Knee/Lower Leg 03/04/13 TAYLOR,JEFFERY
9. CMP INT ORT DEV/GFT NOS 03/04/13 TAYLOR,JEFFERY
10. Low Back Pain * (ICD-9-CM 724.2) 08/09/12 DOCTOR,FEDERICO
11. Hearing loss * (ICD-9-CM 389.9) 05/24/10 DOCTOR,FEDERICO
12. Hyperlipidemia 06/30/08 WOO,JOSEPH C
13. Pain in joint involving lower leg (ICD-9-CM 719.46) 06/27/08 WOO,JOSEPH C
14. Tear of lateral cartilage or meniscus of knee, current (ICD-9-CM 836.1) 06/27/08 WOO,JOSEPH C

PSH:

Date of Surgery: 05/02/12

Surgeon: HO,ANDREW M

Operative Proc(s):

LEFT KNEE ARTHROSCOPY,PARTIAL MENISECTOMY -

Meds:

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
=====	
1) ATORVASTATIN CALCIUM 40MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR CHOLESTEROL (DO NOT TAKE WITH GRAPEFRUIT JUICE.)	ACTIVE
2) FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 2 SPRAYS IN EACH NOSTRIL ONCE DAILY FOR ALLERGIC RHINITIS	ACTIVE
3) LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR ALLERGIC RHINITIS	ACTIVE
4) SERTRALINE HCL 50MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE DAILY FOR 7 DAYS, THEN TAKE ONE TABLET ONCE DAILY FOR ANXIETY	ACTIVE
5) TAMSULOSIN HCL 0.4MG CAP TAKE ONE CAPSULE BY MOUTH ONCE DAILY FOR PROSTATE - 30 MINUTES AFTER THE SAME MEAL EACH DAY	ACTIVE

All:

ERYTHROMYCIN, VICODIN, DARVOCET-N

Family History:

Family History

06/27/2008 Fh Of None Of These Dz

Social History:

Marital status: MARRIED

Occupation: flight attendant

SMOKING: none

ETOH: 0-2 wine or beer/night

Drugs (including marijuana):

Physical Exam:

Vitals - most recent BMI: 25.1

Height: 68 in [172.7 cm] (07/26/2019 13:37)

Weight: 165 lb [74.84 kg] (09/12/2022 09:53)

Temp: 98.3 F [36.8 C] (09/12/2022 09:53)

Pulse: 60 (09/12/2022 09:53)

Resp: 16 (09/12/2022 09:53)

BP: 128/76 (09/12/2022 09:53)

General: In no apparent distress.

Pleasant, cooperative.

PRIOR SLEEP STUDIES:

LOCAL TITLE: V21 CRH Sleep Study Results

STANDARD TITLE: SLEEP MEDICINE NOTE

DATE OF NOTE: OCT 20, 2022@10:23 ENTRY DATE: OCT 20, 2022@10:24:04

AUTHOR: SHELDON,RACHEL M EXP COSIGNER: GOMEZ,ALEXANDER

URGENCY: STATUS: COMPLETED

*** V21 CRH Sleep Study Results Has ADDENDA ***

** Sleep Clinical Resource Hub (CRH) Home Sleep Test Scored Technical Data Results***

Veteran name: ROBERT ALLEN ROSS

Gender: MALE

Height: 68 in [172.7 cm] (07/26/2019 13:37)

Weight: 165 lb [74.84 kg] (09/12/2022 09:53)

BMI: 25.1

Scoring Tech: Rachel Sheldon, RPSGT

Date of Study: Oct 11,2022

Date Scored: Oct 19,2022

Referring Provider: DULAI,KAMALPREET

Description of Study:

Home sleep recording was performed using the Nox T3 system. The following channels were recorded: nasal-oral airflow thermocouple airflow sensors, respiratory effort (RIP belts), finger pulse oximetry, heart rate (pulse oximeter), and position. This study did not assess sleep by EEG. Both 3% and 4% desaturation criteria for hypopneas will be reported below.

Data quality: Good

Reason for sleep study: Evaluate presence and/or severity of sleep apnea

Relevant Medical History:

Active Medications:

Active Outpatient Medications (including Supplies):

ATORVASTATIN CALCIUM 40MG TAB TAKE ONE TABLET BY MOUTH ACTIVE
ONCE DAILY FOR CHOLESTEROL (DO NOT TAKE WITH GRAPEFRUIT JUICE.)

CHOLECALCIF 50MCG (D3-2,000UNIT) TAB TAKE TWO TABLETS BY ACTIVE
MOUTH ONCE DAILY FOR 4 WEEKS, THEN TAKE ONE TABLET ONCE
DAILY FOR VITAMIN D SUPPLEMENT

CYANOCOBALAMIN 500MCG TAB TAKE ONE TABLET BY MOUTH ONCE ACTIVE
DAILY FOR VITAMIN B-12 SUPPLEMENT

DICLOFENAC NA 1% TOP GEL APPLY 2 GRAMS TOPICALLY FOUR ACTIVE
TIMES A DAY USE DOSING CARD PROVIDED TO MEASURE DOSE.
DON'T EXCEED 16 GRAMS DAILY TO A JOINT OF THE LOWER
BODY. DON'T EXCEED 8 GRAMS DAILY TO A JOINT OF THE UPPER
BODY. DON'T EXCEED A TOTAL DOSE OF 32 GRAMS PER DAY. FOR
PAIN AND INFLAMMATION

FLUTICASONE PROP 50MCG 120D NASAL INHL INSTILL 2 SPRAYS IN ACTIVE
EACH NOSTRIL ONCE DAILY FOR ALLERGIC RHINITIS

LORATADINE 10MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY ACTIVE
FOR ALLERGIC RHINITIS

SERTRALINE HCL 50MG TAB TAKE ONE-HALF TABLET BY MOUTH ONCE ACTIVE
DAILY FOR 7 DAYS, THEN TAKE ONE TABLET ONCE DAILY FOR
ANXIETY

TAMSULOSIN HCL 0.4MG CAP TAKE ONE CAPSULE BY MOUTH ONCE ACTIVE
DAILY FOR PROSTATE - 30 MINUTES AFTER THE SAME MEAL EACH
DAY

DATE OF INTERPRETATION: 10/20/2022 8:56:42 AM

DATE OF STUDY 10/11/2022

SCORING SLEEP TECHNICIAN Rachel Sheldon, RPSGT

Height (inch) 68

Weight (lb) 165

BMI 25.1

Age 62

Analysis Start Time: 11:06 PM

Analysis End Time 6:51 AM

Total Analysis Duration: 7h 45m

3% CRITERIA (NORMAL AHI is <5 e/hr)

AHI (#events/hr): 17.8

ODI (#events/hr): 15.2

Obstructive A + H + mixed : 16.1e/hr (90.6% of total AHI)

Central A : 1.7e/hr (9.4% of total AHI)

RESPIRATORY COUNTS

APNEAS (e/hr): 5.3

OBSTRUCTIVE: 3.5

CENTRAL: 1.7

MIXED: 0.1

HYPOPNEAS (e/hr): 12.5

Time spent Supine: 0.3 min (0.1%)

Supine AHI (e/hr) 0

Time spent non-supine 465 min (99.9%)

Non-Supine AHI (e/hr) 17.8

Non-Supine Position Breakdown

Right Side: 76.3min (16.4%)

Left Side: 153.7min (33%)

Prone 235min (50.5%)

AHI Right: 3.1/h

AHI Left: 6.2/hr

AHI Prone: 30.1/hr

4% CRITERIA (NORMAL AHI is <5 e/hr)

AHI 10.2 e/hr

ODI 5.9 e/hr

SNORE %: 77.7

OXYGEN SATURATION DATA:

SPO2 NADIR (%): 85

Average SpO2 (%): 92.7

SpO2 duration<90% 3.9 min 0.8 %

SpO2 duration<89% 1.4 min (0.3%)

SpO2 duration<85% 0 min (0 %)
Average pulse (bpm): 58.9
Highest pulse (bpm) 98
Lowest pulse (bpm) 51
Brady index 0
Tachy index 0

SIGNAL QUALITY

Oximeter Quality (%): 100
Flow Quality (%): 100
Abdomen RIP Quality (%) 100
Thorax RIP Quality (%): 100

Summary: Sleep Apnea
moderate elevation of the apnea-hypopnea index.

Heavy snoring was recorded

Mild oxyhemoglobin desaturation was seen.

/es/ RACHEL M SHELDON
RPSGT/MIT
Signed: 10/20/2022 10:33

/es/ ALEXANDER GOMEZ, MD
V21 Sleep Clinical Resource Hub (CRH)
Cosigned: 10/27/2022 00:49

10/27/2022 ADDENDUM STATUS: COMPLETED

*** Sleep Clinical Resource Hub (CRH) Home Sleep Test Interpretation ***

IMPRESSION

Abnormal Study

Elevated AHI 18 events/hr (normal <5/hr) based on 3% oxygen
desaturation criteria for hypopneas .

Events are primarily hypopneas; paradoxical breathing is noted with both hypopneas and occasional obstructive apneas.

AHI likely underestimates the severity of sleep disordered breathing due to limitations in scoring with home testing. There are frequent episodes of flattening of the nasal flow signal followed by increases in the heart rate suggesting nondesaturating hypopneas.

Flattening of the nasal flow signal is observed for most of the study. Snore trains are recorded for 77.7% of the study, during which time:

- 91.0% snores > 70 decibels
- 74.7% snores > 80 decibels

Breathing events were more frequent in the prone position (prone AHI 30 x 50% TST; nonprone AHI 5 x 50%). The patient confirmed he was wearing the sleep testing equipment with proper orientation of the device.

Oxygen indices showed average O2 92.7 and 0.3% of analysis time (1.4 minutes) at O2 sat < 89%.

DIAGNOSIS

Moderate obstructive sleep apnea

RECOMMENDATIONS

The Veteran has significant OSA and disturbed sleep. He has indicated that he is not interested in CPAP; he would benefit from a visit with provider to review available treatment options. The Veteran will be scheduled into sleep clinic. Side sleeping is recommended in the mean time.

- Avoid alcohol and sedatives before bedtime since these may greatly increase the severity of sleep apnea.
- Summary sheet and sample epochs will be scanned to chart.
- Patient notified by phone of testing results.
- Follow up will be scheduled in sleep clinic for full clinical evaluation

/es/ ALEXANDER GOMEZ, MD
V21 Sleep Clinical Resource Hub (CRH)
Signed: 10/27/2022 12:21

Labs:

Collection DT	Spec	WBC	HGB	HCT	PLT	MCV	MCHC
12/08/2021 12:53	BLOOD	6.7	15.8	48.0	360	90.4	32.9
08/20/2020 10:35	BLOOD	5.1	15.7	46.7	307	89.0	33.6
07/25/2019 10:35	BLOOD	4.7 L	16.1	47.0	332	88.7	34.3

B12 and Folate

Collection DT	Spec	B12
06/09/2022 12:05	SERUM	110 L
12/08/2021 12:53	SERUM	110 L

SLT - IRON

No data available for: IRON

SLT - Ferritin

No data available for: FERRITIN

ZZFERRITIN (OLD)

SCL1 - CHEMISTRIES

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
06/09/2022 12:07	PLASM	137	5.3 H	105	28	19	1.00
12/08/2021 12:52	PLASM	137	4.2	101	27	15	0.90
08/20/2020 10:35	PLASM	134 L	4.1	99	24	19	1.10
07/26/2019 14:54	PLASM	132 L	4.6	99	26	21	1.03
07/25/2019 10:35	PLASM	137	4.1	102	24	23	1.08

LAB CUMULATIVE SELECTED 1

Collection DT	Spec	CALCIUM	ALBUMIN	ALK	PHO
06/09/2022 12:07	PLASM	9.9			
12/08/2021 12:52	PLASM	9.5	4.9 H	60	
08/20/2020 10:35	PLASM	9.3	4.5	62	
07/26/2019 14:54	PLASM	9.2	4.8	53	
07/25/2019 10:35	PLASM	9.5	4.5	52	
08/06/2015 13:38	PLASM	9.4	4.3	56	

HbA1c, TSH, Uric Acid

LAB CUMULATIVE SELECTED 1

Collection DT	Spec	HGBA1c	Tsh
06/09/2022 12:05	BLOOD	6.0 H	
06/09/2022 12:05	SERUM		3.06
12/08/2021 12:53	SERUM		3.26
12/08/2021 12:53	BLOOD	6.0 H	
08/20/2020 10:35	SERUM		3.51
07/26/2019 14:54	BLOOD	5.9 H	
07/25/2019 10:35	SERUM		2.64

Cardiology:

INPATIENT

LOCAL TITLE: CP Cardiology Procedure Report

STANDARD TITLE: CARDIOLOGY DIAGNOSTIC STUDY REPORT

DATE OF NOTE: AUG 31, 2022@14:20:55 ENTRY DATE: AUG 31, 2022@14:20:55

AUTHOR: CLINICAL,DEVICE PRO EXP COSIGNER:

URGENCY: STATUS: COMPLETED

** DOCUMENT IN VISTA IMAGING **

SEE FULL REPORT IN VISTA IMAGING

SIGNATURE NOT REQUIRED

SEE SIGNATURE IN VISTA IMAGING

** (XCELERA ISCV ECHO SAC) AUTO-INSTRUMENT DIAGNOSIS **

Procedure: ADULT Adult

Release Status: Released Off-Line Verified

Date Verified: Aug 31, 2022@14:20:33

CP Order Number: 3220831000029

VAMC Sacramento +-----+

10535 Hospital Way : :

Mather, CA 95655 +-----+

Transthoracic Echocardiogram Report

:Name: ROSS, ROBERT ALLEN Study Date: 08/31/2022 Height: 68

in :

:MRN: [REDACTED] CP #: 3220831000029 Weight: 170

lb:

:DOB: 10/28/[REDACTED] Gender: Male BSA: 1.9 m2

:

: [REDACTED] yrs Patient Location: SAC CARDIO ECHO TECH RAD

:

:Reason For Study: Syncope

:

+-----+

:

::Sonographer: Yi Qin:

+-----+

:Referring Physician: DULAI, KAMALPREET

:

+-----+

Procedure: A two-dimensional transthoracic echocardiogram with color flow and Doppler was performed. There is no prior echocardiogram noted for this patient. The patient was in normal sinus rhythm during the exam.

Left Ventricle: The left ventricle is normal in size. Left ventricular

systolic function is normal. The ejection fraction estimate is 55-60%. The left ventricular wall motion is normal. Assessment of diastolic parameters indicates normal left ventricular diastolic function and normal filling pressures.

Pg. 2

01/03/23 07:51

CP ECHO SAC

ROSS, ROBERT ALLEN [REDACTED]

DOB: [REDACTED] (63) NOT

INPATIENT

Right Ventricle: The right ventricle is normal in size and function.

Atria: The left atrial size is normal. Right atrial size is normal. The atrial septum is aneurysmal.

Aortic Valve: The aortic valve is normal in structure and function. The aortic valve is trileaflet. The aortic valve opens well. There is no aortic valve stenosis. No aortic regurgitation is present.

Mitral Valve: There is mild mitral annular calcification. The mitral valve leaflets are thickened, but show no functional abnormalities. There is no mitral valve stenosis. There is trace mitral regurgitation.

Pulmonic Valve: The pulmonic valve is not well seen, but is grossly normal. There is no pulmonic valvular regurgitation.

Tricuspid Valve: There is tricuspid annular calcification. The tricuspid valve is not well visualized, but is grossly normal. There is trace tricuspid regurgitation. TR doppler is inadequate to accurately estimate right ventricular systolic pressure (RVSP).

Great Vessels: The aortic root is normal size. The inferior vena cava appears normal.

Pericardium/ Pleural Space: There is no pericardial effusion. Pleural effusion noted.

MMode/2D Measurements \T\ Calculations

IVSd: 1.1 cm LVIDd: 4.3 cm Ao root diam: 3.2 cm asc Aorta Diam:
LVPWd: 1.1 cm LVIDs: 3.0 cm LA dimension: 3.4 cm 3.0 cm

TAPSE_phl: 2.0 cm IVC Diam_phl: RA Length_phl: 5.1 cm RV Mid_phl:
1.4 cm RA Width_phl: 3.4 cm 2.1 cm

LAV(MOD-sp2): LAV(MOD-sp4): LAV(MOD-sp4) index:
34.2 ml 40.4 ml

21.2 ml/m2

Doppler Measurements \T\ Calculations

MV E max vel: Lat Peak E' Vel: MVP1/2T: 62.5 sec e': 11.2
cm/sec

73.7 cm/sec 11.0 cm/sec MV dec slope: E/e': 6.6

MV A max vel: Med Peak E' Vel: 345.5 cm/sec2

70.3 cm/sec 6.3 cm/sec

MV E/A: 1.0

MV dec time:

0.22 sec

Ao V2 max: LV V1 max: PA acc time: PA pr(Accel):
130.3 cm/sec 95.6 cm/sec 0.10 sec 33.1 mmHg

Ao max PG: 6.8 mmHg LV V1 max PG:

Pg. 3

01/03/23 07:51

CP ECHO SAC

ROSS, ROBERT ALLEN [REDACTED]

DOB: [REDACTED] (63) NOT

INPATIENT

Ao mean PG: 3.8 mmHg 3.7 mmHg

Ao V2 VTI: 29.0 cm LV V1 mean PG:

1.5 mmHg

LV V1 VTI: 19.7 cm

Pulm A Revs Vel: AV VR_phl: 0.73 MV P1/2t-pr_phl:
33.1 cm/sec 62.5 msec

Pulm A Revs Dur:

0.14 sec

Interpretation Summary

The left ventricle is normal in size.

The ejection fraction estimate is 55-60%.

The right ventricle is normal in size and function.

Normal sized atria.

No valvular heart disease.

The inferior vena cava appears normal.

No prior study for comparison.

Electronically signed by: Matthew Lam, MD on 08/31/2022

Reading Physician: 02:20 PM

Administrative Closure: 08/31/2022

by:

CLINICAL,DEVICE PROXY SERVICE

NOTE: Images are associated with this procedure.

Please use Imaging Display to view the images.

EKG Date: 7/7/22 @ 0949

Vent Rate: 65

PR Interval: 162

QRS Duration: 74

QT: 358

QTC: 372

P Axis: 118

R Axis:

T Axis: 33

Confirmation Status:

Interpreted By: YU,KATHERINE M

Auto Instrument Diagnosis:

Normal sinus rhythm

Low voltage QRS

Borderline ECG

Confirmed by YU, MD, KATHERINE (527) on 7/8/2022 4:14:44 PM

Auto Instrument Data?:

Primary Provider: YU,KATHERINE M

No data available

Assessment/Recommendations:

Mild sleep apnea

3% CRITERIA (NORMAL AHI is <5 e/hr)

AHI (#events/hr): 17.8

Nadir 85%

Time spent Supine: 0.3 min (0.1%)

Supine AHI (e/hr) 0

Time spent non-supine 465 min (99.9%)

Non-Supine AHI (e/hr) 17.8

Non-Supine Position Breakdown

Right Side: 76.3min (16.4%)

Left Side: 153.7min (33%)

Prone 235min (50.5%)

AHI Right: 3.1/h